

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

| | | |
|--|--|---|
| 1 PLACE OF DEATH | | 16785 |
| County. Calvert | | |
| Village or City. Sollers | | (No. 6) |
| 2 FULL NAME | | |
| Still Bonn Bishop Jwm | | |
| PERSONAL AND STATISTICAL PARTICULARS | | |
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, DIVORCED |
| Male | Colored | Single |
| (Write the word) | | |
| 6 DATE OF BIRTH | | |
| Dec 24, | | 1913 |
| (Month) (Day) | | (Year) |
| 7 AGE | If LESS than 1 day, . . . hrs. OR min. ? | |
| — — — yrs. — — — mos. — — — ds. | | |
| 8 OCCUPATION | | |
| (a) Trade, profession, or particular kind of work None | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | | |
| 9 BIRTHPLACE (State or country) Maryland | | |
| 10 NAME OF FATHER Unknown | | |
| 11 BIRTHPLACE OF FATHER (State or country) Unknown | | |
| 12 MAIDEN NAME OF MOTHER Edith Bishop | | |
| 13 BIRTHPLACE OF MOTHER (State or country) Maryland | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | |
| (Informant) Ben Bishop | | |
| (Address) Sollers Md | | |
| 15 | Filed Dec 24, 1913 by S. F. Chambers Dep Local | |

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 50

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH about Dec 24, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

, 1913, to , 1913,

that I last saw him alive on , 1913,

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Signature of physician
Still Bonn Bishop (Duration) yrs. mos. ds.

Contributory
Secondary

(Signed) S. F. Chambers, M. D. (Duration) yrs. mos. ds.

(Address) Dec 24, 1913, Sollers Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St. Johns A.M.E. Church **DATE OF BURIAL** Dec 24, 1913

20 UNDERTAKER Ben Bishop **ADDRESS** Sollers Md

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know: (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cofton mill*; (a) *Salesman*, (b) *Grocer*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Labourer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcin-*

oma, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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| |
|--------------|
| RECEIVED |
| JAN 8 1914 |
| BUREAU, V.S. |

MARGIN RESERVED FOR BINDING

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1 PLACE OF DEATH 16786
County Calvert

Village or City Sollers (No. 5)

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Colored | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH

Dec 24, 1913
(Month) (Day) (Year)

7 AGE

— yrs. — mos. — ds.

If LESS than
1 day, ____ hrs.
OR ____ min. ?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work

None

9 BIRTHPLACE

(State or country)

Maryland

PARENTS

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER

(State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Edith Bishop

13 BIRTHPLACE OF MOTHER

(State or country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ben Bishop
(Address) Sollers 3rd

15

Filed Dec 24, 1913
Approval

REGISTRAR

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 50

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 24, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

191____, to 191____,

that I last saw h. alive on 191____.

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Dramaturgic birth

St. John's Dec 24, 1913

(Duration) yrs. mos. ds.

Contributory
Secondary

St. John's Dec 24, 1913
(Duration) yrs. mos. ds.

(Signed) St. John's, M. D.
Dec 24, 1913 (Address) Ansonia Md

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St. John's Church Dec 24, 1913
DATE OF BURIAL

20 UNDERTAKER

Ben Bishop, Ansonia Sollers Md
ADDRESS

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

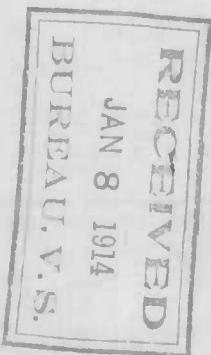
[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dull laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Hauskeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcin-*

oma, *Sarcoma*, etc. of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.s.; *Bronchopneumonia* (secondary), 10 d.s. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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| | | | | | |
|--|---|---|---|--|---|
| 1 PLACE OF DEATH County <u>Calvert</u> | | 16787 | STATE OF MARYLAND CERTIFICATE OF DEATH | | |
| Village or City <u>Lusby</u> (No. <u>28</u>) | | Registration Dist. No. <u>50</u> | | | |
| 2 FULL NAME <u>Nathaniel Lambeth Bowes</u> | | St. <u>Ward</u>) | | | [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | | | | | |
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>white</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u> | MEDICAL CERTIFICATE OF DEATH | | |
| 6 DATE OF BIRTH <u>May 8, 1844</u> (Month) (Day) (Year) | | 16 DATE OF DEATH <u>Dec. 17, 1913</u> (Month) (Day) (Year) | | | |
| 7 AGE <u>69 yrs. 7 mos. 9 ds.</u> | If LESS than 1 day, hrs. OR min. ? | I HEREBY CERTIFY. That I attended deceased from <u>Dec 3 - 1913</u> , to <u>Dec 17, 1913</u> , that I last saw him alive on <u>Dec 10, 1913</u> , and that death occurred on the date stated above, at <u>10 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis & thick but swollen not examined</u> | | | |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Taxidermist</u> | | (Duration) <u>1 day</u> yrs. <u>0</u> mos. <u>0</u> ds. | | | |
| 9 BIRTHPLACE (State or country) <u>Maryland</u> | | Contributory Secondary | | | |
| 10 NAME OF FATHER <u>William E Bowes</u> | | <u>Dec 17 Chambers</u> (Duration) yrs. <u>0</u> mos. <u>0</u> ds. | | | |
| 11 BIRTHPLACE OF FATHER (State or country) <u>Maryland</u> | | (Signed) <u>Dec 17, 1913</u> (Address) <u>Lusby Md</u> | | | |
| 12 MAIDEN NAME OF MOTHER <u>Janette Williams</u> | | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL. | | | |
| 13 BIRTHPLACE OF MOTHER (State or country) <u>Maryland</u> | | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) | | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>William E Bowes</u> | | At place of death yrs. mos. ds. In the State yrs. mos. ds. | | | |
| (Address) <u>Baltimore Md</u> | | Where was disease contracted, If not at place of death? | | | |
| 15 Filed <u>Dec 17, 1913</u> <u>Dec 17 Chambers</u> | | Former or usual residence | | | |
| REGISTRAR | | 19 PLACE OF BURIAL OR REMOVAL <u>Middleham Chapel</u> DATE OF BURIAL <u>Dec 19, 1913</u> | | | |
| 20 UNDERTAKER <u>R Edward Humphrey Corr. Corp.</u> | | ADDRESS <u>Edward Humphrey Corr. Corp.</u> | | | |

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

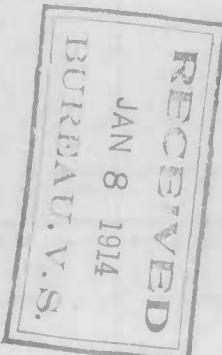
[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcin-*

oma, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.s.; *Bronchopneumonia* (secondary), 10 d.s. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapsus," "Convulsions," "Debility" ("Congenital," "Seizure," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH
Calvert County
16788

Village or City Solomons (No.)

2 FULL NAME Bowen, Roland

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registered No. 50

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)

6 DATE OF BIRTH Mar. 13, 1913 (Month) (Day) (Year)

7 AGE yrs. 8 mos. 18 ds. If LESS than 1 day, hrs. OR min. ?

8 OCCUPATION (a) Trade, profession, or particular kind of work As home. (b) General nature of industry, business, or establishment in which employed (or unemployer)

9 BIRTHPLACE (State or country) Maryland

10 NAME OF FATHER Mortimer Bowen

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Florence G. Garner

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred Garner

(Address) Solomons, Md.

15 Filed Dec. 2, 1913, by J. Chambers

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 1st, 1913. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1913, to Dec. 1, 1913,

that I last saw him alive on Dec. 1, 1913.

and that death occurred on the date stated above, at 2 P. m. The CAUSE OF DEATH* was as follows:

Chronic Pachymeningitis

(Duration) yrs. mos. 14 ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.
(Signed) E. S. Coster, M. D.

Dec. 2, 1913. (Address) Solomons, Md.

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18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Solomons

DATE OF BURIAL Dec. 3, 1913

20 UNDERTAKER W. K. Kesick

ADDRESS Solomons, Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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oma

Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Althnia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *spasms*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

JAN 8 1914

U. S. V. S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| | | |
|--|--|--|
| 1 PLACE OF DEATH | | 16789 |
| Calvert County | | |
| Village or City Adelina | | (No.) |
| Towns (Unnamee bayside) Brooks | | |
| FULL NAME | | |
| PERSONAL AND STATISTICAL PARTICULARS | | |
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) |
| Male | Blaw | Single |
| 6 DATE OF BIRTH | | |
| Dec 30, 1913 (Month) (Day) (Year) | | |
| 7 AGE | | |
| — yrs. — mos. — ds. | If LESS than 1 day, ____ hrs. OR ____ min. ? | |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) | | |
| None | | |
| 9 BIRTHPLACE (State or country) | | |
| Md | | |
| 10 NAME OF FATHER | | |
| Sam Brooks | | |
| 11 BIRTHPLACE OF FATHER (State or country) | | |
| Md | | |
| 12 MAIDEN NAME OF MOTHER | | |
| Mary Hilt | | |
| 13 BIRTHPLACE OF MOTHER (State or country) | | |
| Md | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | |
| (Informant) Henry Bungy | | |
| (Address) Bowens | | |
| 15 | | |
| Filed Jan 3 ^d , 1914 by Henry Bungy | | |

REGISTRAR

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 57

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 30, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Dec 30, 1913, to Dec 30, 1913,
that I last saw him alive on Dec 30, 1913,

and that death occurred on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Still born

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry J. Bungy, M. D.
Jan 3, 1914 (Address) Bowens

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Carroll church **DATE OF BURIAL** Dec 30, 1913

20 UNDERTAKER Henry Bungy **ADDRESS** Bowens

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

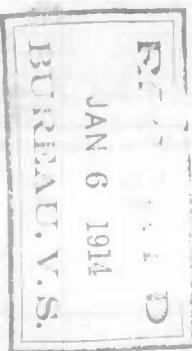
(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Houseworker*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

oma

oma. *Sarcoma*, etc., of _____ (name origin; "Can-
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERAL sepsis," "pueraria," "PUERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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| | | |
|--|---------------------------------|---|
| 1 PLACE OF DEATH County | | 16790 |
| <i>Calvert</i> | | |
| Village or City | | <i>Adelina</i> (No.) |
| 2 FULL NAME | | <i>(Unnamed) Infant Brooks</i> |
| PERSONAL AND STATISTICAL PARTICULARS | | |
| 3 SEX <i>Male</i> | 4 COLOR OR RACE <i>Black</i> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i> |
| 6 DATE OF BIRTH <i>Dec. 30, 1913</i> (Month) (Day) (Year) | | |
| 7 AGE — yrs. — mos. — ds. If LESS than 1 day, hrs. OR min. ? | | |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work <i>None</i> (b) General nature of industry, business, or establishment in which employed (or employer) | | |
| 9 BIRTHPLACE (State or country) <i>Md.</i> | | |
| 10 NAME OF FATHER <i>Sam Brooks</i> | | |
| 11 BIRTHPLACE OF FATHER (State or country) <i>Md.</i> | | |
| 12 MAIDEN NAME OF MOTHER <i>Mary Keith</i> | | |
| 13 BIRTHPLACE OF MOTHER (State or country) <i>Md.</i> | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Henry Bungy Bowens</i> (Address) | | |
| 15 Filed <i>Jan. 3d, 1914</i> | D. N. King | REGISTRAR |

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 51

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

| | | |
|---|--|--|
| MEDICAL CERTIFICATE OF DEATH | | |
| 16 DATE OF DEATH <i>Dec. 30, 1913</i> (Month) (Day) (Year) | | |
| 17 I HEREBY CERTIFY, That I attended deceased from _____, 191..., to _____, 191..., that I last saw him alive on _____, 191..., and that death occurred on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <i>Still-Born</i> | | |
| (Duration) yrs. mos. ds. | | |
| Contributory Secondary | | |
| (Duration) yrs. mos. ds. | | |
| (Signed) <i>L. M. King</i> M. D. , 191... (Address) <i>Barstow, Md.</i> | | |
| * State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. | | |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence | | |
| 19 PLACE OF BURIAL OR REMOVAL <i>Carroll Church</i> DATE OF BURIAL <i>Dec. 30, 1913</i> | | |
| 20 UNDERTAKER <i>Henry Bungy Bowens</i> ADDRESS <i>Md.</i> | | |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Cancer-*

*oma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. - State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and QUALITY as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—deck-dent; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., spasm, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JAN 30 1914

BUREAU, V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 16791
 County Calvert

Village or City Barstow (No.)

2 FULL NAME James Bussemaster

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------|------------------------------|---|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>white</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u> |
|-------------------|------------------------------|---|

6 DATE OF BIRTH Unknown,
 (Month) (Day) (Year)

7 AGE 76 yrs. 8 mos. - ds. If LESS than
1 day, hrs. OR min. ?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work. Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER
(State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Busse

(Address) Barstow Md

15 Filed Dec 19, 1913 Inscrip.

REGISTRAR

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 67

St. _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 18, 1913
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1913, to Dec 14, 1913, that I last saw him alive on Dec 14, 1913, and that death occurred on the date stated above, at 108 m.

The CAUSE OF DEATH* was as follows:

Mutras Regurgitation

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.
 (Signed) Dr. H. C. King M. D.
Dec 18, 1913. (Address) Barstow

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. to the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Asbury church DATE OF BURIAL Dec 20, 1913

20 UNDERTAKER H. A. Bowen ADDRESS Barstow

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housenaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcin-*

oma, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 d.**; *Bronchopneumonia* (secondary), **10 d.** Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malnutrition," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture or skull, and consequences (e. g., *scoliosis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

JAN 6 1914

BUREAU, V.S.

16792

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 50

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Chesapeake Bay Collet Co

Village or City (No.)

2 FULL NAME

George B. Denney

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCE
(Write the word)

Male White Widowed

6 DATE OF BIRTH

About 1861 December 18, 1913

(Month) (Day) (Year)

7 AGE

About 52 yrs.

If LESS than
1 day, hrs.
OR min. ?

mos. ds.

8 OCCUPATION

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

Marries

9 BIRTHPLACE
(State or country)

Unknown

10 NAME OF
FATHER

Unknown

11 BIRTHPLACE
OF FATHER
(State or country)

Unknown

12 MAIDEN NAME
OF MOTHER

Unknown

13 BIRTHPLACE
OF MOTHER
(State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Tulman F. Jones

(Address)

Choney Pa Md

15

Filed Dec 19, 1913 at Chesapeake

Dep't Local

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

December 18, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

, 1913, to , 1913,

that I last saw h alive on , 1913,

and that death occurred on the date stated above, at One P. m.

The CAUSE OF DEATH* was as follows:

Accidental drowning

(Duration) yrs. mos. ds.

Contributory
(Secondary)

Drowning yrs. mos. ds.

(Signed) Dr. J. H. Gile, coroner, M.D. Dec 18, 1913 (Address) Solomonson Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Merchantville N. J.

19 PLACE OF BURIAL OR REMOVAL Merchantville N. J. DATE OF BURIAL Unknown, 1913

20 UNDERTAKER Wilmer & Messick ADDRESS Solomous Rd

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

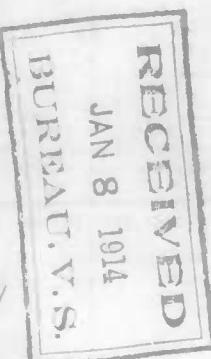
[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcin-*

oma, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubercular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dribility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH *Calvert* **16793**

County, *Calvert*

Village or City *Poplars* (**No.**)

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. *52*

St.: **Ward**)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Charlotte Dufour*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE *Female Negro*

**5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED**
(Write the word)

Single

6 DATE OF BIRTH

Sept. 23, 1891

(Month) (Day) (Year)

7 AGE

22 yrs. 2 mos. 12 ds.

If LESS than
1 day, hrs.
OR min. ?

8 OCCUPATION

- (a) Trade, profession, or particular kind of work *Housekeeper*
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Maryland

10 NAME OF FATHER

Alex. Dufour

11 BIRTHPLACE OF FATHER
(State or country)

Virginia

12 MAIDEN NAME OF MOTHER

Maria Jones

13 BIRTHPLACE OF MOTHER
(State or country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Alex. Dufour

(Address)

15

Dec 7, 1913 E. Franklin Street

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

December 4, 1913

(Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from *Dec. 2, 1913*, to *Dec. 4, 1913*,

that I last saw her alive on *Dec. 3, 1913*,
and that death occurred on the date stated above, at *9:30 P.M.*
The CAUSE OF DEATH* was as follows:

Perforated lungs

(Duration) yrs. mos. ds.

Contributory
Secondary

(Duration) yrs. mos. ds.

(Signed) *C. H. Talbot*, M. D.
Dec 4, 1913 (Address) *Baltimore, Maryland*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Stephens' Land

DATE OF BURIAL
Dec 5, 1913

20 UNDERTAKER

Benj. L. Smith

ADDRESS
Poplars

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

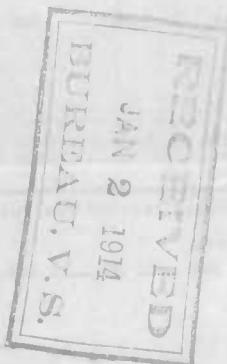
(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Mauager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Hauskeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc., *Carcin-*

oma

"cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Schizle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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| | | | |
|--|-----------------|--|---|
| 1 PLACE OF DEATH | | 16794 | J. |
| County | | Calvert | |
| Village or City | | Poplars (No.) | |
| 2 FULL NAME | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | |
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | |
| Male | Negro | Single | |
| 6 DATE OF BIRTH | | December 3, 1913 (Month) (Day) (Year) | |
| 7 AGE | Yrs. | ds. | If LESS than 1 day... hrs. OR min.? |
| 8 OCCUPATION | | House | |
| (a) Trade, profession, or particular kind of work. | | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | | | |
| 9 BIRTHPLACE (State or country) | | Maryland | |
| 10 NAME OF FATHER | | Unknown | |
| 11 BIRTHPLACE OF FATHER (State or country) | | Unknown | |
| 12 MAIDEN NAME OF MOTHER | | Eva Dijon | |
| 13 BIRTHPLACE OF MOTHER (State or country) | | Maryland | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | |
| (Informant) | | Alexander Dijon | |
| (Address) | | Poplars Md. | |
| 15 | Sec 4 | Filed | 1913 E. A. Nicasio Local REGISTRAR |

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registered No. 52

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

| | | | |
|---|--|---|--|
| MEDICAL CERTIFICATE OF DEATH | | | |
| 16 DATE OF DEATH | | December 3, 1913 (Month) (Day) (Year) | |
| I HEREBY CERTIFY, That I attended deceased from _____, 1913, to _____, 1913, | | | |
| that I last saw him alive on _____, 1913, | | | |
| and that death occurred on the date stated above, at _____ m., | | | |
| The CAUSE OF DEATH* was as follows: | | | |
| Steph. Boree (Duration) yrs. mos. ds. | | | |
| Contributory (Secondary) (Duration) yrs. mos. ds. | | | |
| (Signed) | | C. P. F. Talbot, M. D. Dec 3, 1913 (Address) Willow Hill | |
| *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. | | | |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) | | | |
| At place of death yrs. mos. ds. In the State yrs. mos. ds. | | | |
| Where was disease contracted, if not at place of death? | | | |
| Former or usual residence | | | |
| 19 PLACE OF BURIAL OR REMOVAL | | DATE OF BURIAL | |
| St Edwards Church | | Dec 3, 1913 | |
| 20 UNDERTAKER | | ADDRESS | |
| Basil Gross | | Poplars Md. | |

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

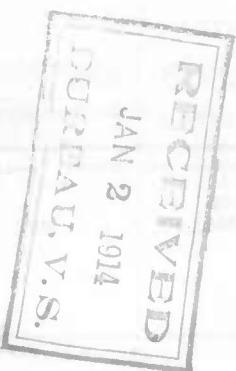
[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc.. *Carcin-*

oma, *Sarcoma*, etc., of _____ (name origin); "*Cancer*" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "*Anæmia*," "*Anæmia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Convulsions*," "*Debility*" ("Con genital," "*Smile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Malaria*," "*Old Age*," "*Shock*," "*Traenita*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis*, *tetanus*) may be stated under the head of "*Contributory*." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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| | | |
|--|-----------------|--|
| 1 PLACE OF DEATH | | 16795 |
| County | | <i>Calvert</i> |
| Village or City | | <i>Huntingtown</i> (No.) |
| 2 FULL NAME | | |
| <i>Wesley Gott</i> | | |
| PERSONAL AND STATISTICAL PARTICULARS | | |
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) |
| <i>Male</i> | <i>White</i> | <i>Married</i> |
| 6 DATE OF BIRTH | | 7 AGE |
| <i>No Record</i> | | <i>59</i> |
| | | years months days |
| | | If LESS than 1 day, hrs. OR min. ? |
| 8 OCCUPATION | | |
| (a) Trade, profession, or particular kind of work. <i>Farmer</i> | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | | |
| 9 BIRTHPLACE (State or country) | | |
| <i>Johns Island</i> | | |
| 10 NAME OF FATHER | | |
| <i>John Gott</i> | | |
| 11 BIRTHPLACE OF FATHER (State or country) | | |
| <i>Md</i> | | |
| 12 MAIDEN NAME OF MOTHER | | |
| <i>Mary Foster</i> | | |
| 13 BIRTHPLACE OF MOTHER (State or country) | | |
| <i>Md</i> | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | |
| (informant) | | <i>Gott</i> |
| (Address) | | <i>Wicomico</i> |
| 15 Filed | | <i>Jan 12, 1914 Hunting</i> |
| REGISTRAR | | |

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. *57*St. *Ward*)[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

| | | |
|--|--|--|
| MEDICAL CERTIFICATE OF DEATH | | |
| 16 DATE OF DEATH | | |
| <i>Dec 8, 1913</i> (Month) (Day) (Year) | | |
| 17 I HEREBY CERTIFY, That I attended deceased from <i>Dec 6, 1913</i> , to <i>Dec 8, 1913</i> , that I last saw him alive on <i>Dec 7, 1913</i> , and that death occurred on the date stated above, at <i>8 a.m.</i> The CAUSE OF DEATH* was as follows: | | |
| <i>Cerebral Hemorrhage</i> | | |
| Contributory (Duration) yrs. mos. ds. | | |
| <i>Chronic Bright Disease</i> | | |
| (Duration) yrs. mos. ds. | | |
| (Signed) <i>J. W. Witcher</i> , M. D. <i>Dec 8, 1913.</i> (Address) <i>Huntingtown</i> | | |
| *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. | | |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) | | |
| At place of death yrs. mos. ds. In the State yrs. mos. ds. | | |
| Where disease contracted, if not at place of death? | | |
| Former or usual residence. | | |
| 19 PLACE OF BURIAL OR REMOVAL | | |
| <i>Huntingtown</i> | | |
| DATE OF BURIAL | | |
| <i>Dec 10, 1913</i> | | |
| 20 UNDERTAKER | | |
| <i>W. T. Hutchins</i> | | |
| ADDRESS | | |
| <i>Mt. Harmony</i> | | |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

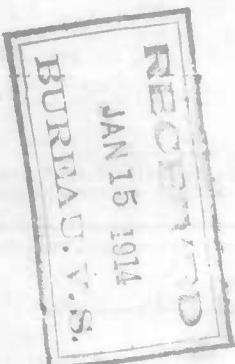
[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcinoma*, *Sarcoma*, etc., of _____ (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *spasis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcinoma*,



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1 PLACE OF DEATH Calvert 16796
 County Calvert 28
 Village or City Frayser (No.)
 2 FULL NAME Ellenora Gross

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 50

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

| PERSONAL AND STATISTICAL PARTICULARS | | | | |
|--|-----------------|--|--------|--|
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 6 SING | |
| <u>Female Colored</u> | | <u>Singl</u> | | |
| 7 DATE OF BIRTH | | | | |
| <u>August 4</u> , 1913 | | | | |
| (Month) (Day) (Year) | | | | |
| 8 AGE | | | | |
| — yrs. <u>4</u> mos. <u>6</u> ds. If LESS than 1 day, _____ hrs. OR min. ? | | | | |
| 9 OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> | | | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | | | | |
| 10 NAME OF FATHER <u>Willie Gross</u> | | | | |
| 11 BIRTHPLACE OF FATHER (State or country) <u>Calvert Co Md</u> | | | | |
| 12 MAIDEN NAME OF MOTHER <u>Hannah Johnson</u> | | | | |
| 13 BIRTHPLACE OF MOTHER (State or country) <u>Calvert Co Md</u> | | | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mr. Weems</u> | | | | |
| (Address) <u>Frayser Md</u> | | | | |
| 15 Filed <u>12/11/1913</u> <u>R. P. Chambers</u> REGISTRAR | | | | |

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 10, 1913
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

, 191 , to , 191 ,

that I last saw h alive on , 191 ,

and that death occurred on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Probably tuberculosis
I did not see the child
at all
About
 (Duration) yrs. 4 mos. ds.

Contributory
(Secondary)

Chambers (Duration) yrs. mos. ds.
 (Signed) R. P. Chambers, M. D.
 Dec 11, 1913 (Address) Calvert Co Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place _____ In the
 of death yrs. mos. ds. State yrs. mos. ds

Where was disease contracted,
 it not at place of death?

Former or
 usual residence

19 PLACE OF BURIAL OR REMOVAL St. John's AME Church DATE OF BURIAL Dec 11, 1913

20 UNDERTAKER Will Smothers ADDRESS Oliver and

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer-Coalmine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Maidskeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. It retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcinoma*, *Sarcoma*, etc. of _____ (name origin: "Can-
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic trilobular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Con-

genital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-

nus," "Old Age," "Shock," "Træmias," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

JAN 8 1914

BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Calvert

16797

Village or City Huntingtown (No. 65)STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 51

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Susan Harrison

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------------|------------------------------|--|
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>white</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u> (Write the word) |
|---------------------|------------------------------|--|

6 DATE OF BIRTH

Jan. 19, 1831
(Month) (Day) (Year)

7 AGE

82 yrs. 11 mos. 10 ds.
It LESS than
1 day, hrs.
OR min. ?

8 OCCUPATION

- (a) Trade, profession, or particular kind of work None
- (b) General nature of industry, business, or establishment to which employed (or employer)

9 BIRTHPLACE
(State or country) Mass10 NAME OF FATHER Isiah Crosby11 BIRTHPLACE OF FATHER
(State or country) Mass12 MAIDEN NAME OF MOTHER Ains Harrison13 BIRTHPLACE OF MOTHER
(State or country) Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Etta Tarr(Address) Huntingtown

15

Filed Jan 14, 1914 Signing

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 29, 1913
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1913 to Dec 29, 1913that I last saw her alive on Dec 28, 1913and that death occurred on the date stated above, at 9 m,

The CAUSE OF DEATH* was as follows:

Cardiac Softening(Duration) 6 mos.Contributory
(Secondary) Age(Duration) mos.(Signed) J.W. White, M. D.Dec 29, 1913 (Address) Huntingtown

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place _____ yrs. ____ mos. ____ ds. In the _____ State _____ yrs. ____ mos. ____ ds.

Where was disease contracted,
if not at place of death? _____Former or
usual residence _____19 PLACE OF BURIAL OR REMOVAL HuntingtownDATE OF BURIAL Dec 30, 191320 UNDERTAKER C.O. HutchinsonADDRESS Mt. Harmony

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

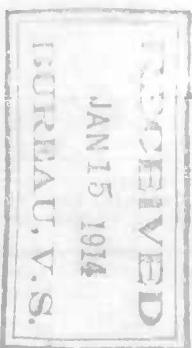
Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*; *Carcin-*

oma, *Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 d.**; *Bronchopneumonia* (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traenita," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDE, or HOMICIDE, or as probably by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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| | | | |
|---|----------------------------|---|--|
| 1 PLACE OF DEATH County..... Village or City..... | | 16798 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 50 |
| 2 FULL NAME Therma Junes | | [If death occurred in a hospital or Institution, give its NAME instead of street and number.] | |
| PERSONAL AND STATISTICAL PARTICULARS | | | |
| 3 SEX Female | 4 COLOR OR RACE Colored | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | |
| 6 DATE OF BIRTH Sept 11 | | (Month) (Day), (Year) 1913 | |
| 7 AGE — yrs. 10 mos. — ds. | | If LESS than 1 day, hrs. OR min. ? | |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work... Chickend | | | |
| (b) General nature of industry, business, or establishment in which employed (or employer)... R. J. Johnson | | | |
| 9 BIRTHPLACE (State or country) Calvert | | | |
| 10 NAME OF FATHER Sam Jones | | | |
| 11 BIRTHPLACE OF FATHER (State or country) Calvert | | | |
| 12 MAIDEN NAME OF MOTHER Elega Hardman | | | |
| 13 BIRTHPLACE OF MOTHER (State or country) Calvert | | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Jones (Address) 87 Second St. | | | |
| 15 Filed....., 191..... | | | |
| REGISTRAR | | | |
| MEDICAL CERTIFICATE OF DEATH | | | |
| 16 DATE OF DEATH Dec 12 | | (Month) (Day) (Year) 1913 | |
| 17 I HEREBY CERTIFY, That I attended deceased from M., 1913, to 1913, that I last saw him alive on 1913, and that death occurred on the date stated above, at 2 A.M. The CAUSE OF DEATH* was as follows: Hypertension Influenza | | | |
| Contributory (Secondary) death, Colitis, | | (Duration) yrs. mos. ds. | |
| (Signed) R. J. Johnson | | (Address) 87 Second St. | |
| * State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. | | | |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds. | | | |
| Where was disease contracted, if not at place of death? | | | |
| Former or usual residence. | | | |
| 19 PLACE OF BURIAL OR REMOVAL Brook Chapel | | DATE OF BURIAL Dec 15, 1913 | |
| 20 UNDERTAKER Burke Bros | | ADDRESS Inlandance | |

**REVISED UNITED STATES STANDARD
CERTIFICATE OF DEATH**

[Approved by U. S. Census and American Public Health Association]

CERTIFICATE OF DEATH

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*), who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease (causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

(name origin; "Can-
cer" is less definite; avoid use of "Tumor" for malignant
neoplasms); *Measles*; *Whooping cough*; *Chronic*
valvular heart disease; *Chronic interstitial nephritis*,
etc. The contributory (secondary or intercurrent)
affection need not be stated unless important. Ex-
ample: *Measles* (disease causing death), 29 d.;
Bronchopneumonia (secondary), 10 d. Never report
mere symptoms or terminal conditions, such as "As-
thenia," "Anaemia" (merely symptomatic), "Atrophy,"
"Collapse," "Coma," "Convulsions," "Debility" ("Con-
genital") "Senile," etc., "Dropsy," "Exhaustion," "Mara-
mus," "Old Age," "Shock," "Tetraemia," "Weakness,"
etc., when a definite disease can be ascertained as the
cause. Always qualify all diseases resulting from
childbirth or miscarriage, as "*Puerperal septicem-
ia*," "*Puerperal peritonitis*," etc. State cause for
which surgical operation was undertaken. For vi-
lent deaths state means of injury and quality as
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably*
such, if impossible to determine definitely. Examples:
Accidental drowning; *Struck by railway train—acci-
dent*; *Revolver wound of head—homicide*; *Poisoned*
by carbolic acid—probably suicide. The nature of the
injury, as fracture of skull, and consequences (e. g.,
sepsis, tetanus) may be stated under the head of
"Contributory." (Recommendations on statement of
cause of death approved by Committee on Nomencla-
ture of the American Medical Association.)

oma; Sarcoma, etc., or **"carcino-**
"sis;" is less definite; avoid use of "Tumor;" for walling
out neoplasms); Measles; Whooping cough; Chronic
valvular heart disease; Chronic interstitial nephritis;
etc. The contributory (secondary or intercurrent)
affection need not be stated unless important. Ex-
ample: Measles (disease causing death), 29 d.;
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thenia," "Anaemia" (merely symptomatic), "Atrophy,"
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genital," "Senile," etc.), "Dropsy," "Exhaustion,"
"Heart failure," "Haemorrhage," "Inanition," "Mara-
nus," "Old Age," "Shock," "Uraemia," "Weakness,"
etc., when a definite disease can be ascertained as the
cause. Always qualify all diseases resulting from
**childbirth or miscarriage, as "Puerperal septicem-
ia," "Puerperal peritonitis," etc. State cause for**
which surgical operation was undertaken. For vio-
lent deaths state means of INJURY and quality as
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably
such, if impossible to determine definitely. Examples:
Accidental drowning; Struck by railway train—acci-
dent; Revolver wound of head—homicide; Poisoned
by carbolic acid—probably suicide. The nature of the
injury, as fracture of skull, and consequences (e. g.,
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ture of the American Medical Association.)



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1 PLACE OF DEATH County County

16799

Village or City Frazier (No.)

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 67

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------|------------------------|--|
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED |
| <u>Male</u> | <u>White</u> | <u>Single</u> |

| |
|-------------------------------|
| 6 DATE OF BIRTH |
| <u>Dec - 19</u> , <u>1913</u> |
| (Month) (Day) (Year) |

| | |
|---------------------|--|
| 7 AGE | If LESS than 1 day, hrs. OR min. ? |
| — yrs. — mos. — ds. | |

| | |
|--|-------------|
| 8 OCCUPATION | <u>None</u> |
| (a) Trade, profession, or particular kind of work | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | |

| | |
|---|-----------------|
| 9 BIRTHPLACE (State or country) | <u>Maryland</u> |
|---|-----------------|

| | |
|--------------------------|-----------------------------|
| 10 NAME OF FATHER | <u>James Edward Frazier</u> |
|--------------------------|-----------------------------|

| | |
|--|-----------------|
| 11 BIRTHPLACE OF FATHER (State or country) | <u>Maryland</u> |
|--|-----------------|

| | |
|---------------------------------|-------------------------|
| 12 MAIDEN NAME OF MOTHER | <u>Leila J. Hammeth</u> |
|---------------------------------|-------------------------|

| | |
|--|-----------------|
| 13 BIRTHPLACE OF MOTHER (State or country) | <u>Maryland</u> |
|--|-----------------|

| | |
|---|-------------------------|
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | |
| (Informant) | <u>James E. Frazier</u> |

| | |
|-----------|----------------|
| (Address) | <u>Frazier</u> |
|-----------|----------------|

| | |
|----|---|
| 15 | Filed <u>Dec 19</u> , <u>1913</u> by <u>Car F. Chambers</u> |
|----|---|

| | |
|-----------|-----------------------------|
| REGISTRAR | <u>Def. Local Registrar</u> |
|-----------|-----------------------------|

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 19, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1913 to Dec 19, 1913,

that I last saw him alive on Dec 19, 1913,

and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

asphyxia as result of
protracted labor
About 5 minutes

(Duration) — yrs. — mos. — ds.

Contributory
Secondary

Geo F Chambers, M.D.
(Signed) Dec 19, 1913 (Address) Frazier MD

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St Pauls M.E. Church **DATE OF BURIAL** Dec 20, 1913

20 UNDERTAKER Edward Humphrey Coal Prod **ADDRESS**

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

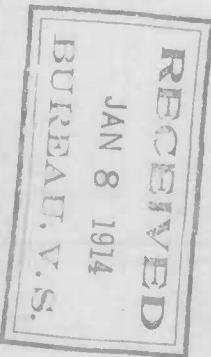
[Approved by U. S. Census and American Public Health Association.]

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oma, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.s.; *Bronchopneumonia* (secondary), 10 d.s. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapsus," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent death state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH

16800

County

Calvert

Village or City

Paris Rd

(No.)

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 52

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Lolo Maynard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Colored

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

not known, 1908
(Month) (Day) (Year)

7 AGE

6

yrs.

not known
mos.

days

if LESS than
1 day, hrs.
min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

Md

10 NAME OF FATHER

Dennis Maynard

11 BIRTHPLACE OF FATHER
(State or country)

Md

12 MAIDEN NAME OF MOTHER

Alice Stark

13 BIRTHPLACE OF MOTHER
(State or country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Will Stark

(Address)

Friendship

15

Filed Dec. 31, 1913 E. H. Niemann
Local REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 28, 1913

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 23, 1913, to Dec 28, 1913,

that I last saw him alive on Dec 26, 1913,

and that death occurred on the date stated above, at 720a.m.

The CAUSE OF DEATH* was as follows:

Accidental fall from a fence upon some objects
of which caused great injury to lower viscera
(Duration) — yrs. — mos. 6 ds.

Contributory (Secondary) Acute traumatic
Enteritis (Duration) — yrs. — mos. 4 ds.

(Signed) Cosmopolitan Wilson, M. D.
Dec. 28, 1913. (Address) Friendship

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Friendship, Md. Dec. 29, 1913

20 UNDERTAKER

Robert Wood ADDRESS Friendship, Md.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health]

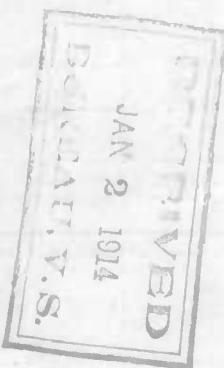
ASSOCIATION.

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocer*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, notwithstanding they are employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

oma, Surcoma, etc., or (name origin: "Cadder" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 d.; Bronchopneumonia (secondary). 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con- genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATEMENT OF CAUSE OF DEATH—Name, first; the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcin-*



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

| | | | | | |
|--|---------------------------------|---|---|--|--|
| PLACE OF DEATH County <i>Calverk</i> | | 16801 | STATE OF MARYLAND CERTIFICATE OF DEATH | | |
| Village or City <i>Dunkirk</i> (No. <i>Q37</i>) | | | Registration Dist. No. <i>52</i> | | |
| FULL NAME <i>Iva Moreland</i> | | | St. Ward) | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | | | |
| 3 SEX <i>Female</i> | 4 COLOR OR RACE <i>White</i> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i> | MEDICAL CERTIFICATE OF DEATH | | |
| 6 DATE OF BIRTH <i>August 17</i> (Month) (Day) | | 8 DATE OF DEATH <i>Dec. 10</i> , 1913 (Month) (Day) (Year) | | | |
| 7 AGE <i>18 yrs. 3 mos. 23 ds.</i> | | IF LESS than 1 day, ____ hrs. OR ____ min. ? | | | |
| 9 OCCUPATION (a) Trade, profession, or particular kind of work <i>School girl</i> (b) General nature of industry, business, or establishment to which employed (or employer) | | | | | |
| 10 BIRTHPLACE (State or country) <i>Md.</i> | | | | | |
| 11 NAME OF FATHER <i>Thos. J. Moreland</i> | | | | | |
| 12 BIRTHPLACE OF FATHER (State or country) <i>Md.</i> | | | | | |
| 13 MAIDEN NAME OF MOTHER <i>Elizabeth Jones</i> | | | | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Harry Plummer</i> (Address) <i>Chaney, Md.</i> | | | | | |
| 15 Filed <i>Dec 11, 1913</i> By <i>E. H. Plummer</i> Social REGISTRAR | | | | | |
| 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____ | | | | | |
| 17 PLACE OF BURIAL OR REMOVAL <i>Dunkirk</i> DATE OF BURIAL <i>Dec. 12, 1913</i> | | | | | |
| 18 UNDERTAKER <i>John W. Webb</i> ADDRESS <i>Chaney</i> <i>Harry Hutchinson</i> <i>Mt. Haven</i> | | | | | |
| If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1. | | | | | |

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease

causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meningitis*, *peritonacum*, etc. *Carcin-*

oma

Sarcoma, etc., of _____ (name origin: "Cap-
er" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.s.; *Bronchopneumonia* (secondary), 10 d.s. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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| | | | |
|--|-------------------------|---|-------------|
| 1 PLACE OF DEATH Culver 16802 | | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 58 | |
| County _____ | | St. _____ Ward _____ | |
| Village or City Mutual | | [If death occurred in a hospital or institution, give its NAME instead of street and number.] | |
| 2 FULL NAME Hannah Parram | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | |
| 3 SEX Female | 4 COLOR OR RACE Colored | 5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word) | 6 RESIDENCE |
| 8 DATE OF BIRTH Nov 20 1884 | | (Month) (Day) (Year) | |
| 7 AGE 84 yrs. | | If LESS than 1 day, hrs. OR min. ? | |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Housewife | | | |
| 9 BIRTHPLACE (State or country) Culver | | | |
| 10 NAME OF FATHER Peter Brooks | | 11 BIRTHPLACE OF FATHER Culver | |
| 12 MAIDEN NAME OF MOTHER Barbara | | 13 BIRTHPLACE OF MOTHER Culver | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) George Johnson (Address) St Leonard | | | |
| 15 Filed 1911 | | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds. | |
| Where was disease contracted, if not at place of death? | | Former or usual residence. | |
| 17 DATE OF BURIAL OR REMOVAL Burke's | | 18 PLACE OF BURIAL OR REMOVAL Burke's | |
| 20 DERTAKER | | DATE OF BURIAL 26 Dec 1911 | |
| ADDRESS Mandeville MD | | | |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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oma, *Surcoma*, etc. of _____ (name origin; "Can-
cer" is less definite; avoid use of "Tumor" for malig-
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trivial heart disease*; *Chronic interstitial nephritis*
etc. The contributory (secondary or intercurrent)
affection need not be stated unless important. Ex-
ample: *Measles* (disease causing death), *29 ds.*:
Bronchopneumonia (secondary), *10 ds.* Never report
mere symptoms or terminal conditions, such as "An-
æmia," "Anaemia" (merely symptomatic), "Atrophy,"
"Collapse," "Coma," "Convulsions," "Debility" ("Con-
genital," "Senile," etc.), "Dropsy," "Exhaustion,"
"Heart failure," "Haemorrhage," "Inanition," "Maras-
mus," "Old Age," "Shock," "Uraemia," "Weakness,"
etc., when a definite disease can be ascertained as the
cause. Always qualify all diseases resulting from
childbirth or miscarriage, as "*Puerperal septica-
mic*," "*Puerperal peritonitis*," etc. State cause for
which surgical operation was undertaken. For vio-
lent deaths state means of injury and qualify as
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably*
such, if impossible to determine definitely. Examples:
Accidental drowning; *Struck by railway train—acci-
dent*; *Revolver wound of head—homicide*; *Poisoned
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injury, as fracture of skull, and consequences (e. g.,
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tions answered in detail, it will prevent further correspon-
dence. All the data is essential and must be obtained before
the certificate is permanently filed.

RECEIVED

JAN 8 1914

BUREAU, V.S.

16803

MARGIN RESERVED FOR BINDING

V. S. No. 1.

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1 PLACE OF DEATH

County Calvert

Village or City Solomons (No.)

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------|-----------------|---|
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDDED, OR DIVORCED (Write the word) |
| Male | white | Single |

| | | | |
|-----------------|---------|-------|--------|
| 6 DATE OF BIRTH | August | 27 | , 1913 |
| | (Month) | (Day) | (Year) |

| | | | | |
|-------|--------|--------|--------|--|
| 7 AGE | — yrs. | 3 mos. | xx ds. | If LESS than 1 day, ____ hrs. OR ____ min. ? |
|-------|--------|--------|--------|--|

| | |
|--------------|--|
| 8 OCCUPATION | (a) Trade, profession, or particular kind of work |
| | (b) General nature of industry, business, or establishment in which employed (or employer) |

| | |
|------------------------------------|----------|
| 9 BIRTHPLACE (State or country) | Maryland |
|------------------------------------|----------|

| | |
|----------------------|----------------------|
| 10 NAME OF FATHER | Benjamin M. Woodburn |
|----------------------|----------------------|

| | |
|--|----------|
| 11 BIRTHPLACE OF FATHER (State or country) | Maryland |
|--|----------|

| | |
|-----------------------------|-------------------|
| 12 MAIDEN NAME OF MOTHER | Ellen Jane Wooten |
|-----------------------------|-------------------|

| | |
|--|----------|
| 13 BIRTHPLACE OF MOTHER (State or country) | Maryland |
|--|----------|

| | |
|---|---------------------|
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) | Ellen Jane Woodburn |
|---|---------------------|

| | |
|-----------|--------------|
| (Address) | Solomons, Md |
|-----------|--------------|

| | |
|----------|--|
| 15 Filed | Dec 1913 Dr. J. Chamberlain Dr. Local |
|----------|--|

REGISTRAR

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registered No. 57

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 19, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1913, to Dec 19, 1913,
that I last saw him alive on Dec 19, 1913,
and that death occurred on the date stated above, at 600 P.m.

The CAUSE OF DEATH* was as follows:

(Bronchopneumonia).

(Duration) yrs. mos. ds.

Contributory
(Secondary) (Duration) yrs. mos. ds.

(Signed) W. S. March, M.D.
Dec 20, 1913 (Address) Solomons, Md

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS)

At place _____ yrs. _____ mos. _____ ds. In the
place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted,
if not at place of death?

Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL Solomons, Md DATE OF BURIAL
Dec 20th, 1913

20 UNDERTAKER Wilmer & Music Solomons, Md ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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